



# Board of Tax Appeals

BTA Docket Number

## Property Tax Appeal Form

**For each parcel assessment appealed, please file a separate form.**

1. Appellant Name: \_\_\_\_\_  
Appellant is a: ☐ Natural Person ☐ Corporation ☐ LLC ☐ Public Officer  
☐ Partnership ☐ Joint Venture ☐ Trust ☐ Other \_\_\_\_\_
2. Appellant Mailing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Appellant Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
4. Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_  
a. Mailing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_  
b. Representative Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
c. Attorney's Idaho License #: \_\_\_\_\_
5. Appellant hereby appeals from the decision of the \_\_\_\_\_ County Board of Equalization, which is dated \_\_\_\_\_, \_\_\_\_\_, and was mailed on \_\_\_\_\_, \_\_\_\_\_ (if known).
6. Exemption Claimed: \_\_\_\_\_ Exemption Statute: \_\_\_\_\_
7. The subject property is: (Check all that apply)  
☐ Residential ☐ Commercial ☐ Industrial ☐ Mobile Home  
☐ Forest Land ☐ Agricultural Land ☐ Vacant Land ☐ Other \_\_\_\_\_
8. Attach a copy of the assessment notice related to the appeal; Parcel #: \_\_\_\_\_
9. Values Set by the County Board: Appellant's Value Claim as of January 1:  
Land \$ \_\_\_\_\_ Land \$ \_\_\_\_\_  
Improvements \$ \_\_\_\_\_ Improvements \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
Total Market Value \$ \_\_\_\_\_ Total Market Value \$ \_\_\_\_\_
10. Basis or reason(s) for appeal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. The undersigned attests the contents of this appeal are correct.

Appellant's Signature (or Duly Authorized Representative) \_\_\_\_\_ Date Signed \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**This appeal must be filed with the County Auditor.**

See Reverse Side for Instructions

Date Filed With County Auditor

# Instructions

Use this form to appeal a decision of the County Board of Equalization.

**Important:** This appeal form and any attachments must be filed with the County Auditor within **thirty (30) days** after mailing of a decision of the Board of Equalization or pronouncement of a decision at hearing. (Idaho Code Section 63-511)

The following instructions relate to the numbers on the front side of this form.

1. Please print the full name of the person filing the appeal (Appellant's name).
2. Provide the mailing address of the person filing the appeal. The Appellant must keep the Board informed of any changes in mailing address or telephone number.
4. The right to appear and practice before the Board is limited to the following classes of persons.

**Natural Persons.** A natural person may represent himself or herself or be represented by an attorney.

**Corporations.** Duly authorized directors or officers of the corporation being represented.

**LLC's.** Duly authorized members or managers of the LLC being represented.

**Partnerships, Joint Ventures and Trusts.** Duly authorized partners, joint venturers, or trustees representing their respective partnerships, joint ventures or trusts.

**Authorized Attorneys.** Duly authorized attorneys licensed to practice law in the State of Idaho.

**Public Officers.** Public officers or designated representatives when representing a governmental agency.

6. If an exemption is claimed, please identify the exemption and the applicable Idaho statute.
8. To perfect the appeal, a copy of the current assessment notice for the parcel you are appealing must be attached. If one is not available, please provide a statement noting this.
9. The Appellant must specify the total value claim for the parcel, however it is not necessary to allocate the value between land and improvements.
10. Enter a summary statement of the reason(s) for this appeal. As desired, you may attach additional documentation to this form in support of the appeal.
11. Must be signed by either the Appellant or Duly Authorized Representative as listed in #4 above.